

## REQUIREMENTS & INSTRUCTIONS FOR FILING - NURSING HOME ADMINISTRATOR

Access this form via website at: [www.state.hi.us/dcca/pvl](http://www.state.hi.us/dcca/pvl)

(Read thoroughly)

Any individual who is charged with the general administration of a nursing home or immediate care facility in Hawaii must be licensed as a nursing home administrator under the provisions of Chapter 437-B, Hawaii Revised Statutes.

"Nursing home" means a place authorized as such by the appropriate licensing authority of this state for the care of patients requiring continued nursing and/or health care such as skilled nursing facility of an immediate care facility.

**APPLICATION** Complete the attached application form. Applicants are subject to requirements in effect at time of filing.

- **Failure to provide all the requested information will delay the processing of your application.**

**FEES** Attach: Money order or check for \$100 (non-refundable application fee) made payable to:  
**COMMERCE & CONSUMER AFFAIRS.**

After all requirements are fulfilled, license fees will be due.

**Note:** *One of the numerous legal requirements that you must meet in order for your new license to issue is the payment of fees as set forth in this application. You may be sent a license certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$15.00 service fee will be charged for checks which are returned by the bank.*

*If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.*

**AGE** Be over 21 years of age.

**EDUCATION or EXPERIENCE** All categories of requirements must be met to be eligible to take the National Association of State Boards of Nursing Home Administrators Examination (NAB). Use the attached checklist as a reference. **\*Education must be obtained from a U.S. school accredited by an accrediting agency recognized by the U.S. Dept. of Education.**

Applicant must complete one of the following:

\*Master's degree in: hospital administration, public health specializing in gerontology OR public health specializing in health administration and approved 3 credit course in administration of SNF or ICF; **(arrange to have official transcripts submitted directly by a U.S. accredited school); OR**

\*Bachelor's degree: **(arrange to have official transcripts submitted directly by a U.S. accredited school); OR**

Substitute with eight (8) years within past ten (10) years as assistant administrator, in a nursing home. Submit a letter from a Hawaii licensed NHA recommending applicant.

All applicants (except those with a Master's degree as indicated above) must complete one of the following and submit appropriate verification:

Approved course of study/program from a U.S. accredited college or university; OR

3 years within the past 5 years of administrative work experience in a health related area.

**PRACTICAL EXPERIENCE** All applicants (except those with \*Master's degree in hospital or business administration or public health) must meet one of the following and submit appropriate verification:

1 year administrative experience in an SNF or ICF; OR

**PRACTICAL  
EXPERIENCE (Cont.)**

Administrator-in-training program (§16-90-37); OR

1 year administrative experience in a health related area.

**FITNESS &  
SUITABILITY**

All applicants must submit verification of the applicant's fitness and suitability to be a nursing home administrator from one of the following:

Persons in the field. Submit employer's statement of work performance covering the last 12 months prior to applicant; OR

Others. Submit employer evaluation/assessment of knowledge and training required of a nursing home administrator.

**LETTERS OF  
RECOMMENDATION**

Submit three (3) letters, attesting to the applicant's good moral character, from individuals engaged in either business or the professions, who are not the applicant's relatives or employees.

**EXAMINATIONS AND  
FILING DEADLINE**

National Association of Boards of Examiners (NAB)

The NAB examination (exam) is administered by computer (since 1/1/00). There is no application deadline. The exam is administered year round by professional testing centers on Oahu only. After the candidate's application is approved, the candidate will receive an exam packet and must access the NAB website for the Information for Candidate Handbook. The NAB website: [www.nabweb.org](http://www.nabweb.org) (click on programs, scroll down to NHA handbook in MSWord or PDF format). Complete the forms as instructed in the exam packet and submit them together with payment of \$245 to:

DCCA, Exam Branch  
P.O. Box 3469  
Honolulu, HI 96801

Once the exam application and payment are received, DCCA will notify the Professional Examination Service (PES) of candidate's eligibility for the exam, PES takes over and will notify the candidate to contact the testing center to schedule an appointment to take the exam. Candidates must sit for the exam within 60 days of PES notification. The passing scale score is 113.

**VERIFICATION  
OF LICENSE**

Verification of your **EXAM SCORES** and out-of-state license must be obtained. Mail the attached "Verification of License" form to the state in which you were **originally licensed by examination** with the appropriate service fee that most states charge for such requests. Please verify with the respective state board for fee information.

**LIMITED AND  
TEMPORARY  
LICENSE**

A limited and temporary license may be issued provided the applicant meets the conditions set forth in Chapter 90, Hawaii Administrative Rules, and all examination requirements. Submit Temporary Permit fee of \$100 payable to: **COMMERCE & CONSUMER AFFAIRS** and applicable documents.

**ADDRESS**

Incomplete and/or irregular applications will not be accepted. Applications are kept on file for two (2) years. Failure to complete the licensing requirements within two (2) years will void your application.

Mail to:  
*Nursing Home Administrator Program or*  
*DCCA, PVL Licensing Branch*  
*P.O. Box 3469*  
*Honolulu, HI 96801*  
[www.state.hi.us/dcca/pvl](http://www.state.hi.us/dcca/pvl)

Office location at:  
*1010 Richards St., 1st Floor*  
*Honolulu, HI 96813*  
Ph. No. (808) 586-3000

**LAWS & RULES**

All applicants are required to read Chapters 457-B, HRS, and Chapter 90, Hawaii Administrative Rules, and Chapter 94, Hawaii Administrative Rules.

To obtain a copy of the laws and rules relating to the licensing of nursing home administrators, send a written request and check for \$1.00 to: *Cashier, Commerce & Consumer Affairs, P.O. Box 541, Honolulu, HI 96809.* Price subject to change without notice. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Law may be purchased separately for 75¢. Indicate the specific chapter in your request.

The laws and rules are also posted on our website at: [www.state.hi.us/dcca](http://www.state.hi.us/dcca). Look under "Obtaining Information".

To obtain a copy of Chapter 94 the Department of Health local health regulation, call (808) 586-4080.

**APPLICANTS WITH  
SPECIAL NEEDS**

If you are requesting special testing arrangements due to a disability, call (808) 586-2711 immediately to obtain a Disability Certification Form which must be completed by an approved professional, and submitted preferably prior to your exam application, but no later than the exam filing deadline. Determination of qualification for special testing arrangements will then be made and if so, the type of special testing arrangements to be provided.

No action will be taken to provide special testing arrangements until your exam application has been approved.

**LICENSE  
RENEWALS**

All licenses, regardless of issuance date, expire on June 30 of each EVEN-NUMBERED year and are subject to renewal by the license expiration date. Renewal applications are sent about 60 days prior to the license expiration date. To ensure receipt of mail, keep us informed of your current address. If you do not receive a renewal application at least 30 days prior to the license expiration date, contact our office. Renewals received after the license expiration date are subject to late renewal fees and may be restored up to three years. After three years, a new application for licensure is required. Each licensee is ultimately responsible for timely renewals of license and should not depend on license renewal notice from the DCCA.

**ADDRESS/NAME  
CHANGES**

It is the responsibility of the applicant to notify us of any changes in **writing**. If you have a name change **after** your application was originally filed, you must provide a photocopy of the name change document along with a letter requesting the change, or you may use a "Name Change Affidavit" form from our office.

All address changes must be submitted in **writing**. No changes will be accepted over the phone. We will not be responsible for nonreceipt of any correspondence.

**ABANDONMENT  
OF APPLICATION**

Your application may be considered abandoned and may be destroyed, if, after 2 years, you fail to provide the Board evidence of your efforts to complete the licensure process.

APPLICATION FOR EXAM & LICENSE - **NURSING HOME ADMINISTRATOR**

Read the attached "REQUIREMENTS & INSTRUCTIONS FOR FILING - NURSING HOME ADMINISTRATOR" before completing this form.

Name (First-Middle)		(LAST)	FOR OFFICE USE ONLY	APPROVED [ ] Initials/date DENIED [ ]	
Residence Address (Include apt. no., city, state & zip code)				License No. NHA -	
Mailing Address (ONLY if different from residence)				Eff:	
Social Security No.		Phone No. (days)		Temporary Permit #	Effective Date:
METHODS OF QUALIFICATION	Experience Requirement (check one):		Nursing Home Course Requirement - except those with Master's degree (check one):		
	<input type="checkbox"/> One (1) year as a nursing home administrator or Administrator-in-Training.  <input type="checkbox"/> Masters of Public Health, Business Administration or hospital administration degree with specialization in health services administration from a U.S. accredited school.  <input type="checkbox"/> One (1) year of administrative experience in a health-related area.		<input type="checkbox"/> Baccalaureate or post-baccalaureate education earned from a U.S. accredited school imparted an equivalent knowledge and skills.  <input type="checkbox"/> Three years of administrative work experience in a health-related area attained within the last five years.		
			Are you requesting to sit for the NAB? .....YES NO		

Circle or underline your answers; give details when required:

- 1) Are you over 21 years of age? .....YES NO
- 2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States?.....YES NO
- 3) Have you completed at least 4 years of college level study in a U.S. accredited institution of higher learning and were you awarded a baccalaureate degree, or have you served for at least eight of the last ten years preceding the application at the level of an assistant administrator (or its functional equivalent) in a nursing home? (If claiming work experience, submit written endorsements from five nursing home administrators currently licensed in Hawaii thoroughly explaining duties.) .....YES NO
- 4) In the past 20 years have you ever been convicted of a crime in which the conviction has not been annulled or expunged? .....YES NO  
 EXPLAIN A "YES" RESPONSE ON A SEPARATE SHEET + PROVIDE DOCUMENTS AND STATUS ON DATE, PLACE, AND TYPE OF CONVICTION.
- 5a. Are you currently licensed as a nursing home administrator in another state? .....YES NO  
 (If yes, complete the "Applicant Section" on attached license verification form and send it to the state in which you were originally licensed by examination.)
- b. Give name of all state(s) in which licensed and license numbers: \_\_\_\_\_
- c. Has any license ever been suspended, revoked or otherwise subject to disciplinary action?.....YES NO  
 EXPLAIN A "YES" RESPONSE ON A SEPARATE SHEET. (Provide documents)
- d. Are there any disciplinary actions pending against you? .....YES NO  
 EXPLAIN A "YES" RESPONSE ON A SEPARATE SHEET.
- 6) Are you seeking a temporary license to work as an administrator in a nursing home?.....YES NO  
 IF "YES," LIST NAME, ADDRESS AND PHONE NUMBER OF THE NURSING HOME ON A SEPARATE SHEET.

(CONTINUED ON BACK)

NHA:	App.....443.....\$100	1/2 Ren.....440.....\$50
	Lic.....445.....\$100	Temp.....446.....\$100
	CRF.....447.....\$35/70	Service Fee.....BCF.....\$15

EDUCATION	<b>Name of U.S. Accredited School</b>	<b>Location (city/state)</b>	<b>Date (mo/yr)</b>		<b>Major courses of study &amp; degree earned</b>
			<b>From</b>	<b>To</b>	
	High school				
	College/University				
	College/University				
EMPLOYMENT HISTORY	<b>Name of Institution/Employer</b>	<b>Address</b>	<b>Dates (mo/yr)</b>		<b>Position Title</b>
			<b>From</b>	<b>To</b>	
	Nursing Home/Care Facility				
	Nursing Home/Care Facility				
	Other Employment				
	Other Employment				

Affidavit of Applicant:

I hereby certify that the statements and information contained in this application and the documents attached are true and correct. I certify that I have read, understand, and shall obey all the laws and rules of the Nursing Home Administrator Program (Chapter 457B, Hawaii Revised Statutes and Chapter 90, Hawaii Administrative Rules). I further certify that I have read, understand, and shall obey the local health regulations (Chapter 94, Administrative Rules of the Department of Health). I understand that misrepresentation is grounds for refusal or subsequent revocation of license (Section 710-1017, Hawaii Revised Statutes.)

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant

## NHA EXAMINATION APPLICANT CHECKLIST

Education (§16-90-7.5): \*Program accredited by an accrediting body recognized by the U.S. D.O.E.

\_\_\_\_\_ \*Master's Degree in: hospital administration or public health specializing in gerontology or public health specializing in health administration and approved 3 credit course in administration of SNF or ICF.

or

1. \_\_\_\_\_ \*Baccalaureate degree;

or

\_\_\_\_\_ 8 years within the past 10 years as assistant administrator, in a nursing home and 5 letters from Hawaii licensed Nursing Home Administrators recommending the applicant sit for the exam.

and

2. \_\_\_\_\_ Approved course of study/program from college/University;\*

or

\_\_\_\_\_ 3 years within the past 5 years of administrative work experience in a health related area.

Practical Experience (§6-90-70.10):

\_\_\_\_\_ 1 year administrative experience in an SNF or ICF

or

\_\_\_\_\_ Administrator-in-training program meeting §6-90-37.

or

\_\_\_\_\_ \*Master's degree in: hospital administration; business administration or public health, with specialization in health services administration.

or

\_\_\_\_\_ 1 year administrative experience in a health related area.

Fitness and Suitability (§6-90-7.15 & §6-90-8):

\_\_\_\_\_ Persons in the field: Employer's statement of work performance covering the last 12 months prior to the application.

\_\_\_\_\_ Others: Employer evaluation/assessment of knowledge and training required of a nursing administrator.

\_\_\_\_\_ Three (3) letters of recommendation.

State of Hawaii  
NHA ProgramNHA-05 1002